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TRANSMITTAL FORM

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Total Number of Pages in This Submission

2

Application Number

10/651,641

Filing Date

08/28/2003

First Named Inventor

Kimberly Scoville

Art Unit

3731

Examiner Name

Timothy R. Waggoner

Attorney Docket Number

2324.PIC.NP

ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/
Incomplete Application

☐

Reply to Missing Parts
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a
Provisional Application

☐

Power of Attorney, Revocation

☐

Change of Correspondence Address

☐

Terminal Disclaimer

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Request for Refund

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CD, Number of CD(s) _____

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Landscape Table on CD

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After Allowance Communication to TC

☐

Appeal Communication to Board
of Appeals and Interferences

☐

Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☒

Other Enclosure(s) (please identify
below):

Request for Withdrawal as Attorney
Return Postcard

Remarks

The Commissioner is hereby authorized to debit any amount owing or credit any overpayment to
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Bateman IP Law Group

Signature

Printed name

Randall B. Bateman

Date

May 9, 2008

Reg. No.

37774

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Randall B. Bateman

Date

May 9, 2008

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/651,641
Filing Date	08/28/2003
First Named Inventor	Kimberly Scoville
Art Unit	3731
Examiner Name	Timothy R. Waggoner
Attorney Docket Number	2324.PIC.NP

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **27472**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client has instructed us to withdraw.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kim Scoville				
Address	3091 North 25 West				
City	Provo	State	UT	Zip	84604
Country	USA				
Telephone				Email	kscoville@digis.net
Signature					
Name	Randall B. Bateman			Registration No.	37774
Date	May 9, 2008			Telephone No.	(801) 533-0320

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